

OFFICE OF PROGRAMS AND SERVICES:  
CLINICAL SERVICES

MEDICAL EVALUATIONS MANUAL

Chapter 1  
MEDICAL INTAKE

Section 1A  
Medical Intake Process Part I: The IMMS  
(Incorporates Previous Accept Reject Policy)

- I. Policy: All inmates newly admitted to DPSCS facilities shall receive a medical intake evaluation immediately upon an inmate's entrance from the community that will:

Identify and address any urgent medical/mental health/dental health needs of those arrestees/detainees/inmates admitted to any DPSCS facility and/or is transferred from a pretrial facility to Patuxent Institution or a Division of Correction facility.

Identify and triage arrestees/detainees/inmates with known or easily identifiable chronic health needs that require medical intervention.

Identify and isolate arrestees/detainees/inmates who appear potentially contagious or have communicable diseases.

Identify and facilitate intervention for arrestees/ detainees/inmates who may be at risk for suicide.

Identify and facilitate intervention for arrestees who have a history of acute or persistent and serious psychiatric illness.

Identify at an earlier time arrestees/detainees/ inmates who may be at risk for heat related health issues if placed in non-air conditioned environments

- II. Procedures:

- A. Initial Intake Processing:

1. Initial Intake screening shall be conducted by an RN or higher medical level staff in collaboration with correctional officers and

remaining medical and mental health staff. The processing shall include the following:

- a. All arrestees shall have an initial observation screening by the RN before being accepted into Intake facilities.
  - i. The full screening as described below will not proceed unless the arrestee is deemed acceptable for continued detention secondary to an observed medical or mental health condition that would prohibit continuation of the process.
  - ii. Any inmate who presents to Intake sally port unconscious, semi-conscious, bleeding or otherwise obviously in need of immediate medical attention shall be identified prior to screening completion, rejected for admission, and referred to an Emergency Department for care.
2. This process shall be completed upon arrival to the facility, prior to custody exchange, while the patient is still in the custody of Police to ensure that the arrestee is medically and mentally stable to complete the booking process.

B. Completion of the Intake Screening Process

1. The Intake Screening Process shall be completed by an RN or higher level of staff once it is determined that the arrestee/detainee can be admitted, i.e., has no medical condition that would prohibit admission.
  - a. Medical personnel will screen all arrestees for medical/mental illness using a form approved by the Office of Programs and Services: Clinical Services. Information shall be entered into the Electronic Medical Record when possible and OPS approved paper form will be completed when EMR is not available
  - b. Intake Screening shall be conducted within 2 hours of admission for any inmate being admitted from the community or for any inmate being transferred from another facility who has not been so screened.
2. Intake Screening shall be conducted as an individual and confidential interview for both medical and mental health issues shall include the following:
  - a. Measurement and documentation of vital signs including:
    - i. A blood pressure measurement using a wrist cuff in the event that handcuffs cannot be removed,
    - ii. Temperature,
    - iii. Pulse,
    - iv. Respirations,

- v. A finger-stick glucose reading on all known or suspected persons with diabetes,
  - vi. A pulse-ox measurement and a peak flow rate measurement when there is an indication or suspicious of respiratory problems,
  - vii. A pregnancy test on all females of child-bearing age (ages 12 through 65) entering the facility.
- b. Nurse will question the arrestee/detainee/inmate regarding the presence of any known chronic or acute health conditions and will determine if any medications are currently being used.
- i. Nurse will document any report of disease, medical or mental health condition. Any accompanying records shall immediately be given to medical personnel conducting the intake processing and those records shall immediately be placed in the arrestee/detainee/inmate's medical record.
  - ii. Arrestee/detainee/inmate reporting or determined to have active acute, chronic medical, mental health, substance abuse, or other conditions requiring immediate medical care shall be referred to an appropriate clinician for physical examination and treatment or referred to community emergency medical services as medically indicated within two hours of admission to the intake area.
  - iii. Nurse will document any report of current medications whether prescriptive, over-the-counter, or street drugs.
  - iv. Medications brought into a facility may be turned over to custody to be placed in Property. Any medications disposed of shall be done so in accordance with the Pharmacy Services Manual and applicable State laws and regulations.
  - v. Arrestees may be told that medications may be administered to inmates once they are seen by a clinician and medications are ordered, and that only current physician prescribed drugs can be offered. No drugs from containers brought by the inmate or arresting officers to the facility.
  - vi. Nurse will initiate the Continuity of Care form completing those sections regarding medical conditions and medications currently in use as well as any demographic information available.
3. Once the initial screening questionnaire is completed, the Intake team consisting of the Nurse, the Mid-Level Provider/ Physician's observations, visual inspection and/ or patient response findings

will be documented on appropriate forms electronically, if equipment is available, noting medical and mental health conditions, or on an OPS approved form if the equipment is not available.

- a. Observations shall include, at a minimum:
  - i. Behavior, which includes but is not limited to state of consciousness, mental status, appearance, conduct, tremors and sweating.
  - ii. Body deformities, ease of movement, durable medical equipment needs, brace, prosthesis.
  - iii. Condition of visible skin, including trauma markings, bruises, sores, ulcerations, jaundice, rashes and infestations, needle marks or other indications of drug abuse.
- b. Individuals requiring immediate attention or referral for more focused attention will be referred immediately (within the hour of admission) to the appropriate clinician or special care provider. These include, but are not limited to, individuals who have evidence of:
  - i. Potential withdrawal syndromes secondary to alcohol, substance abuse, use of barbiturates, or opiates,
  - ii. Suicide risk,
  - iii. Serious illness or injury previously un-noted that may require triage to community hospitals,
  - iv. Acute or serious psychiatric conditions,
  - v. Communicable diseases,
  - vi. Urgent and emergent medical problems,
  - vii. Age group issues that may indicate the need for special treatment (i.e. juveniles and aged individuals),
  - viii. Education/DPSCS Student Information for Inmates must be completed for all inmates under the age of 22.
  - ix. Mental or physical disabilities requiring special attention.
- c. An opportunity for new arrestees, detainees and inmates to articulate their need for medical or mental health treatment will be provided.
- d. Ectoparasite assessment shall be completed within the limits of discussion and visibility of hair and skin during this initial examination.
  - i. Those inmates appropriate for empiric treatment for lice infestation shall receive such treatment within the first 24 hours of admission. (Pregnant inmates will receive alternative treatment as ordered by the clinician).

- ii. Treatment supplies shall be obtained from the pharmacy vendor when treatment is ordered.
  - e. An examination of the mouth and teeth shall be done to determine if there any dental problems requiring immediate referral.
  - f. Individuals eligible for methadone detoxification or methadone continuation shall be referred to substance abuse specialists and enrolled in those enrolled in those programs in accordance with established procedures. Enrollment shall occur within twenty-four (24) hours of initial intake screening.
  - g. Individuals eligible for alcohol withdrawal shall be immediately referred for this treatment and appropriate placement.
  - h. PPD placement will be completed within 72 hours of acceptance into a facility, and will be read during the Comprehensive Physical Examination that shall occur within seven days of that acceptance.
    - i. A chest x ray for positive PPDs will be completed within five days of the positive reading and documented in the inmate health record.
    - ii. Persons with positive readings shall be isolated until a clearance for the disease is verified.
- 4. Initial mental health screening shall be completed as part of IMMS. The nurse or higher level provider completing the IMMS process provides a brief screening using the approved questionnaire. Arrestees/detainees/ inmates who present with symptoms of psychosis, unstable mood, suicidal thought or behaviors, severe agitation considered not to be related to substance abuse or who exhibit other symptoms suggestive of danger to themselves or others shall be referred immediately to a qualified mental health professional for further evaluation and initiation of a treatment plan.
  - a. Mental Health personnel will provide training for medical personnel to assure that a consistent approach to these issues prior to any attempt to make observations regarding symptoms of psychosis, unstable mood, suicidal thought or behavior, or non substance abuse related agitation.
  - b. All newly admitted detainees/inmates/retakes/parole violators entering intake facilities from the community shall receive a suicide risk assessment by a qualified Mental Health Professional within 24 hours of admission. (This is in addition to the brief screening done upon entry by the nurse.)
  - c. Individuals conducting mental health screening and suicide risk assessments shall follow the appropriate DPSCS protocol in doing so and in taking subsequent actions.

- d. All individuals conducting mental health screenings shall receive training, at least annually, on the conduct of such screening by a qualified mental health professional. Training shall include didactic information and standardized instructions for completing the screening form and suicide assessment.
  - e. A complete mental health assessment will be completed for all arrestees/detainees/inmates within seven days of incarceration using OPS:CS approved Intake Mental Health Screening Form.
- C. Medication Administration may be necessary to initiate or continue therapies begun prior to arrest.
1. Nursing staff will collect all known data regarding prescription or other medications during the screening process including a signed release of information that may be used to verify current medication, as well as other health information required for making decisions regarding patient care management including any recent hospitalizations or treatments in progress prior to arrest.
    - a. The Release of Information signature may also be used to obtain pertinent medical records as necessary for continuity of care from the community into DPSCS.
    - b. The Release shall be placed into the patient's hard copy record for use in the event that additional medical problems are revealed later in the admissions process.
    - c. The Release of Information is valid for one year from the date it is signed.
    - d. All efforts made to obtain information from external sources and the outcomes of those efforts will be recorded in the patient's medical record.
  2. Arrestees with special medications related to special needs such as organ transplant, HCV, HIV, Chemotherapy, dialysis and other chronic or acute conditions will be allowed to continue those medications once verified by medical staff.
    - a. Verification attempts shall be made by medical staff within forty-eight (48) hours of a detainees' arrival at the booking area.
    - b. Documentation of all attempts to verify medications and the outcome of those attempts shall be documented in the patient's medical record.
    - c. The medical/psychiatric provider, as appropriate, shall be notified of the outcome of the verification attempt within four (4) hours of the receipt of a response from the community.
  3. Regardless of the outcome of verification attempts, arrestees will be maintained on pre-incarceration treatment regimens as reported by an arrestee or a pharmacologically equivalent

substitute for medical and mental health conditions whenever possible, i.e., the clinician can identify the need for those treatment regimens. Decisions to medicate or to withhold medication and rationale for the decision shall be documented in the patient medical record.

- a. Persons requiring an evaluation for mental health medications will be referred immediately following initial intake screening to a Mental Health Specialist who will contact the psychiatrist assigned to the facility for bridge orders to enable immediate availability of mental health medications.
  - b. Once the psychiatrist has been apprised of the situation for persons with mental health conditions needing medication, the call shall be transferred to the mid-level or physician (not the nurse) working in the Sallyport Area who will accept the verbal order and initiate the first dose of medication.
  - c. Somatic medications needs will be referred to the mid-level or physician responsible for the area for orders to enable immediate availability of those medications.
  - d. Medical and psychiatric providers shall prescribe and initiate medication for chronic medical and mental health diseases (such as HIV+, Diabetes, Hypertension, Bi-Polar Disease, Depression, et al) using DPSCS formulary medications as appropriate for the disease and in keeping with community standards and safe medical practice in the event that the arrestee is unable to provide names or doses of medication, and the provider is able to determine a need for medication based on his or her examination, patient history, and signs/symptoms related.
  - e. Medications ordered shall be initiated within twenty-four (24) hours of initial intake screening.
4. Stock medication will be used to initiate dosing on the same day the detainee is admitted.
    - a. All medication administration, whether somatic, psychiatric, or single dose, from stock or non-stock shall be documented on the Medication Administration Record (MAR) following OPS policy and procedure.
    - b. All stock medication shall also be documented on the stock card to assure the medication can be refilled when necessary.
  5. Formulary substitution maybe necessary and only with the facility physician's or psychiatrist's order and only after approval from the respective clinicians' Medical or Psychiatric Director.
  6. The mid-level clinician or physician initiating the medication shall order the medication using the accepted ordering process for patient specific medications that will last for seven full days from the

initial dose provided in the admission area. That medication shall be dispensed per dosing orders immediately upon receipt. (I.E., if the dose is to be at 10:a.m. and 10 p.m., the first ordered dose shall be given as close to the 12 hours following the initial dose as possible)

7. In the event that a medical or mental health provider is not on site at the time of the admission, the screening nurse shall contact the on-call clinician to receive orders regarding continuation of medication or other treatments deemed necessary as a result of the initial screening.
- D. Special housing requirements may be necessary for certain arrestees. Urgent onsite referrals to medical/mental health triage team for items on screening questionnaire that require immediate intervention include:
1. An onsite referral to the mental health triage team for mental health items on initial screening questionnaire that require immediate intervention.
  2. Isolation for arrestees with signs and symptoms of tuberculosis or any communicable disease suspected to prevent infection of others
  3. Assurance that arrestees with alcohol withdrawal syndrome are housed in designated cells for monitoring and follow up.
- E. Heat Stratification is required on all admissions to an Intake facility and periodically as conditions affecting any change in that status arises.
1. All arrestees, male and female will be assigned a heat risk category upon entry and at the Comprehensive Intake Physical Examination and housing assignment process, and throughout the year.
  2. All male arrestees shall be designated for H1 housing by the receiving/screening nurse while at BCBIC (air conditioned housing) until they are reevaluated by a clinician and heat risk is reclassified based upon the initial chronic medical conditions or medications prescribed as per DPSCS heat stratification policy.
  3. Clinical findings and medications prescribed at the intake examination will determine the final heat risk stratification.
  4. Any detainee who is prematurely moved prior to receiving a Comprehensive intake Physical or is placed into a non air-conditioned facility as part of the transfer screening process, prior to receipt of a final heat stratification assignment will receive an his or her Intake Comprehensive Intake Physical and a final heat stratification.
    - a. The H-1 assignment will remain until the intake physical is completed and an alternative risk is assigned.
    - b. Female arrestees will receive heat stratification upon entry to BCBIC and upon their Comprehensive Intake Physical at WDC per protocol.



- c. Final heat stratification shall be by medical doctor and shall be documented on the Electronic Medical Record (EMR) Patient Problem list as "Heat Risk Stratification" category H-1 H-2 or H-3 and in the Electronic Medical Record (EMR) classification template located on the home page.
  - d. A weekly data report of H-1 and H-2 detainees will be maintained and submitted to classification and to the OPS as an electronic file from May 1 through September 30<sup>th</sup> each calendar year from both medical and mental health contractors. Included in that file shall be, at a minimum:
    - i. The inmate's name ,
    - ii. Date of birth,
    - iii. DOC number,
    - iv. Heat stratification code
    - v. Facility and
    - vi. Any code changes.
  - e. There shall be a notification on the individual problem lists for patients requiring a heat stratification code change, specifically, the original heat stratification on the problem list will be recorded as resolved and the new Heat Stratification will be entered as the current "problem" on that list. This process will be repeated every time there is a Heat Stratification change.
5. If the clinician recommends housing other than general population related to heat such as infirmary or air-conditioned dormitory, staff will be responsible for coordinating the transfer of information regarding that order notifying custody of special housing needs or special needs and only by using the designated classification and housing form.
- F. Arrestee's at Pre-Trial with positive response(s) to the Initial Medical/Mental Screening Questionnaire will have an orange wristband placed on the right wrist by the Triage team and a disposition made.
- 1. Arrestees /detainees identified as alcohol withdrawal problems will have a yellow wrist band placed on the left wrist by the triage team.
  - 2. Arrestee's who require immediate intervention will be directed/escorted to see the Medical Treatment Team and/ or Mental Health Team as soon as the IMMS disposition is completed.

3. The Medical/Mental treatment team will perform a targeted patient evaluation focusing on the immediate medical/mental issue(s) and provide intervention(s) accordingly.
  - a. Arrestees with an Orange wristband and identified to have a medical condition and/or mental health problem, but are determined to be stable while being triaged, will be evaluated sequentially along with the booking process.
  - b. Arrestees with an orange wristband will be given priority during the booking process.
  - c. Arrestees with a yellow wristband will be monitored and evaluated for signs and symptoms of withdrawal and maybe given priority during the booking process
  - d. A daily log will be created and maintained to schedule medical evaluation of arrestees. The patient log created for the day will be communicated among the team leaders (Physician, Psychiatrists, Psychologist, PA, CRNP) of each shift to plan the follow-up and provision of services. A log of arrestee's not seen/shift will be reconciled every 12 hours to reflect completed screenings and submitted for review to the ACOM daily.

G. Inmate Transfers/Releases require additional attention by medical/nursing staff.

1. Within 12 hours of being notified by custody that an inmate is to be released or transferred, the inmate's medical records shall be reviewed by nursing staff at the intake facility and a Transfer Screening Form shall be completed.
2. Inmates with risk stratification of M-1 and M-2 shall have their medical records envelopes labeled M-1 and M-2 as appropriate.
3. All persons admitted through facilities other than Pre-Trial shall follow transfer screening policies as patients are moved from facility to facility.
  - i. The initial Intake is done only once per admission.
  - ii. Once completed, the transfer screening shall accompany the patient to his or her next facility and the policies for transfer shall be followed.
  - iv. Concurrently, the continuation of the Intake Process (Medical Evaluations Manual Chapter 1, Section 2 shall be continued.

III. Rescission: DCD 130-100, Section 110 Medical Intake Evaluation, dated March 1, 1996.  
 OPS Manual or Medical Evaluations Chapter Three (Accept/Reject)

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# OFFICE OF PROGRAMS AND SERVICES: CLINICAL SERVICES

## MEDICAL EVALUATIONS MANUAL

### Chapter 1 MEDICAL INTAKE

#### Section 1B Medical Intake Process: Part II

- I. Policy:
  - All inmates newly admitted to DPSCS facilities shall receive a medical intake evaluation immediately upon an inmate's entrance from the community that will:
    - Identify and address any urgent medical/mental health/dental health needs of those arrestees/detainees/inmates admitted to any DPSCS facility and/or are transferred from a pretrial facility to Patuxent Institution or a Division of Correction facility.
    - Identify and triage arrestees/detainees/inmates with known or easily identifiable chronic health needs that require medical intervention.
    - Identify and isolate arrestees/detainees/inmates who appear potentially contagious or have communicable diseases.
    - Identify and facilitate intervention for arrestees/detainees/inmates who may be at risk for suicide.
    - Identify and facilitate intervention for arrestees who have a history of acute or persistent and serious psychiatric illness.
    - Identify at an earlier time arrestees/detainees/ inmates who may be at risk for heat related health issues if placed in non-air conditioned environments
  
- II. Procedure: PART TWO
  - A. Physical Examinations

1. All intake physical examinations shall be conducted by a clinician utilizing the DPSCS Intake History and Physical Examination Form found in the Electronic Medical Record (EMR).
2. All newly admitted inmates entering DPSCS facilities from the community shall receive a physical examination within seven (7) days of intake.
3. New Inmates or those called "Retakes" (such as parole violators) who have not received physical examinations within the past 12 months shall receive physical examinations.
  - a. Clinician will at a minimum, however review the physical examination that was completed within the last 12 months and comment upon any changes or updates and record that information in the EMR.
  - b. Clinician will ask the Inmate whether or not there have been changes in his or her medical/mental health since the time of that physical as each section is reviewed.
  - c. Clinician will follow the steps below (4) and do a new physical if the stated criteria above are unmet.
  - d. Regardless of whether a new physical is completed or the less than 12 month old physical is used, the clinician will enter a statement into the medical record regarding any changes and sign that entry.
4. Inmates who have a documented physical examination within the last 12 months need not have a new physical examination unless:
  - a. Abnormal vital signs are apparent
  - b. An acute medical problem or chronic medical condition by history is present, including but not limited to:
    - i. Hypertension (HTN)
    - ii. Coronary Artery Disease (CAD)
    - iii. Congestive Heart Failure (CHF)
    - iv. Chronic Obstructive Lung Disease (COPD)

- v. Asthma
  - vi. Diabetes Types 1 and 2
  - vii. Seizures
  - viii. HIV infection
  - ix. Tuberculosis infection or disease (TBC)
  - x. CC (Chronic Care Needs)
  - xi. Cancer
  - xii. Recent surgery (past 12 months)
  - xiii. Recent physical trauma (past 12 months)
  - xiv. Other medical conditions requiring emergent or chronic care.
  - xv. Prescription medications he inmate is receiving.
  - xvi. Physical disability
  - xvii. Special needs
  - xviii. Medical screening identifies a new medical problem that requires evaluation.
- c. The date of the last physical examination and the absence of active medical problems by history shall be documented on the Intake History and Physical Evaluation Form for all inmates who have had a physical examination within the past 12 months and for whom the physical examination has been deferred.
5. All inmates receiving a history and physical examination shall be evaluated by a provider using the Intake History and Physical Examination Form documenting the following:
- a. Medical history including but not limited to:
    - i. Allergies,
    - ii. Current medications,
    - iii. Chronic medical conditions,
    - iv. Hospitalizations,
    - v. Family history,

- vi. Review of symptoms and
  - vii. Identification of disabilities.
  - viii. Last menstrual period
  - ix. Head Injuries
  - x. Vaccination history for juveniles
- b. Physical examination to include evaluation of the:
- i. Head,
  - ii. Ears,
  - iii. Eyes,
  - iv. Nose,
  - v. Oropharynx,
  - vi. Neck,
  - vii. Lymphatics,
  - viii. Skin,
  - ix. Extremities,
  - x. Breasts,
  - xi. Lungs,
  - xii. Heart,
  - xiii. Abdomen,
  - xiv. Genitalia,
  - xv. Pelvic (females)
  - xvi. Digital rectal/prostate exam and inspection (as stated below in diagnostics), includes stool guaiac for inmates 40 years of age and older.
  - xvii. Neurological functioning cranial nerves 2-12 and reflexes and deficits
  - xviii. Mouth and teeth to determine if there are any apparent dental issues requiring referral and make referrals as appropriate
  - x.ix. Clinician will document any refusals and the reason for the refusal.

6. Time frames for conducting physical examinations for detainees and inmates entering DPSCS facilities may be expedited at the discretion of the DPSCS OIHS.
7. Diagnostic and age appropriate preventive health screening tests consistent with the recommendations of the American Academy of Family Practice Physicians will be conducted and documented on the DPSCS Intake History and Physical Examination Form, as follows:
  - a. STD Screening and syphilis serologies (RPR with automatic FTA if RPR is positive). Blood will be drawn for the purpose of the necessary lab work at the time the PPD is planted enabling the results to be available at the time of the complete physical examination.
    - i. If PPD is contraindicated the RPR will be drawn prior to the intake PE by the 5<sup>th</sup> day.
    - ii. STD screening including gonorrhea, Chlamydia, Trichomonas will be done for females as part of their pelvic exam.
    - iii. Symptomatic males who complain of urethral discomfort or discharge will receive screening if antibiotic treatment fails to resolve the complaint.
  - b. Education and voluntary HIV testing for all sentenced and pretrial detainees/inmates in accordance with DPSCS protocol.
  - c. Pap smear for all female inmates unless performed and documented within the last 12 months as normal.
  - d. A review of the pregnancy test results and necessary referrals to obstetrical care following the OIHS Care of the Pregnant Inmate Manual if pregnant. If for any reason, the pregnancy test result cannot be located a repeat test shall



be completed at this time and the clinician will proceed as already stated here.

- e. Clinically indicated mammograms shall be performed for detainees and inmates in a time frame consonant with American Academy of Family Physicians. (AAFP)
  - f. Snellen Vision Test unless performed and documented within the past 12 months and testing for near vision .
  - g. Audiometric screening in accordance with the following:
    - i. Audiometric testing for all inmates less than 21 years of age.
    - ii. Audiometric testing including tuning fork assessments for all inmates 21 years of age and older unless performed and documented within the past 12 months
  - h. Electrocardiogram (ECG),
  - i. Blood chemistries, and urinalysis with microscopic exam
  - j. PPD or chest x-ray if past positive for TB
  - k. Sickle cell screen and other diagnostic studies shall be ordered when medically indicated so that appropriate treatment may be provided.
  - l. A digital prostate examination will be performed on all males beginning at age 40 or earlier if symptoms indicate a need.
    - i. All males age 40 and above will be evaluated for the need to perform a PSA (Prostate Specific Antigen) test and the test will be done if deemed appropriate by the examining physician.
    - ii. All males age 50 and above will have a PSA at the time of their periodic physical examination
8. All intake diagnostic lab tests shall be completed and documented in the patient health record within 48 hours of the order with the exception of RPR tests which must be reviewed and the review

documented in the patient health record within 4 hours of receipt by the provider

9. All inmates identified with disabilities at the time of physical examination shall have documentation of the disabilities included in the medical record utilizing the DPSCS Disabilities Assessment Form.
  - a. Disabilities shall be described in functional terms only, without disclosure of related medical problems such as hypertension, diabetes, cancer or HIVC infection.
  - b. A copy of the form shall be forwarded to the case management manager or supervisor of the intake facility.
10. The evaluating clinician shall determine the level of medically permissible activity and medically necessary housing assignments.
  - a. The clinician's recommendation shall be documented using the Medical Clearance: Program and Work Assignment Form
  - b. A copy of the form shall be forwarded to the case management manager or supervisor.

B. Treatment Plan/Risk Stratification

1. A physician shall review all inmates receiving physical examinations and shall develop an approved individual treatment plan that is documented on the Intake History and Physical Examination Form. The treatment plan shall include, but not be limited to the following:
  - a. An assessment of active medical problems
  - b. An enumeration of all medically indicated diagnostic studies and treatments.
  - c. Recommendations for specialty referrals.

- d. Chronic Care Clinic assignment as per DPSCS protocol including the placement of the clinic flow record sheet in the medical
  - e. Special housing assignment.
  - f. Risk stratification for chronic illnesses, as follows:
    - i. 0 – Healthy
    - ii. M-1 – Chronically ill – stable (hospitalization not anticipated during the next year)
    - iii. M-2 – Chronically ill – unstable (hospitalization anticipated during the next year. To include moderate to severe asthmatic individuals.
  - g. Final Heat Risk assignment which shall also be communicated to Custody Staff per procedure
  - h. Immunization assessment (see section II. C of this document)
  - j. Medical Alert Assessment (see Section II. D of this document)
  - k. Education/Special Needs Assessment and order referrals as appropriate.
2. The reviewing physician shall ensure that all identified medical, dental and mental health problems are documented on the DPSCS problem list.

C. Immunizations

- 1. All inmates shall receive immunization with tetanus/diphtheria toxoid when medically indicated. Immunization shall be documented in the inmate's medical record.
- 2. Inmates under the age of 18 will be assessed regarding immunization needs and the contractor will provide age appropriate vaccinations updates.

3. Authorization to update vaccinations by appropriate guardian will be documented in the medical record. An excel spread sheet tracking juvenile vaccination status will be maintained.

D. Medical Alert

1. All inmates shall be assigned medical alert badges if one of the following conditions applies:
  - a. Heart Disease (including pacemaker and internal defibrillators)
  - b. Diabetes (insulin dependent)
  - c. Seizure disorder (under treatment)
  - d. Asthma (moderate to severe)
  - e. Renal Disease (dialysis dependent)
  - f. Disabilities (blindness, deafness)
  - g. Allergies (life threatening only)
  - h. External medical devices (e.g. catheters, colostomy, etc.)
2. Inmates with psychiatric illnesses or infectious disease conditions shall be identified by a medical alert badge.
3. A physician shall secure a medical alert badge for an inmate by completing the Medical Alert Identification Request Form and submitting the form to the institution's Identification Unit unless otherwise specified by the Warden.
4. The same criteria and form shall be utilized for issuing alert badges in maintaining institutions for inmates newly identified with medical conditions requiring alert badges.

E. Education/Special Needs Referral.

- II. References:
- A. Standards for Health Services in Prisons, National Commission on Correctional Health Care

- B. American Correctional Association: 3<sup>rd</sup> Edition with 2002 Supplements ALDF, 3-ALDF-4E-19 and 4-E-21
- C. Clinical Practice In Correctional Medicine, Michael Puisis, D. O. 1999
- D. American Public Health Association APHA Standards for Health Services In Correctional Institutions – 2003
- E. Public Health Behind Bars from Prison to communities , Robert B.Greifigner ,2007
- F. Department of Justice MOU
- G. PDSD 185-4 Heat Stratification
- H. DPSCS Receiving Screening
- I. DPSCS Intake Mental Health Screening
- J. DPSCS Intake History and Physical Evaluation Form
- K. DPSCS Tuberculosis Testing Form
- L. DPSCS Disabilities Assessment (DCD Form 130-100nR)
- M. DPSCS Medical Clearance: Program and Work Assignment
- N. Maryland State Department of Education/Correctional Education/DPSCS Student Information for Inmates Under 21 years of age.
- O. OIHS Manual on Care of the Pregnant Inmate

III. Rescission: DCD 130-100, Section 110 Medical Intake Evaluation, dated March 1, 1996.

IV. Date Issued: July 15, 2007

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